



## **Communicable Disease and Epidemiology News**

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 **Public Health**  
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#### **New Name**

Seattle and King County's Public Health Department has a new name. On April 19th we began using *Public Health - Seattle & King County*, literally putting "public health" first. Along with the modified name there is a new tagline -- *Healthy People. Healthy Communities.* -- as a succinct articulation of our vision for King County. This change is part of a constellation of efforts designed to raise awareness about public health and, ultimately, to increase access to services by people who need them.

#### **Hepatitis A Outbreak**

At least eight confirmed cases of hepatitis A have occurred among street youth and/or injection drug users in Seattle since the beginning of May. Public Health - Seattle & King County (PH-SKC) is investigating reports of an unknown number of additional persons with possible hepatitis. Several cases have been among individuals frequenting a center for street youth in the University District, although the age range of cases is 17 to 43 years. Many of the hepatitis A cases are reported to be injection drug users, particularly those using crystal methamphetamine.

Health care providers are asked to have a high index of suspicion for hepatitis and to obtain acute hepatitis serologies (including hepatitis A IgM) if you see patients with clinical symptoms consistent with hepatitis.

Persons at high-risk for hepatitis A and without current or past hepatitis A infection should receive hepatitis A vaccine. The vaccine is available at no cost to high-risk children and youth through the Public Health Vaccines for Children program. Public Health is planning to supply some clinics in the University District with a small supply of hepatitis A vaccine that could be used to vaccinate high-risk adults. Otherwise, the vaccine should be ordered directly from the

pharmaceutical companies that produce it. Relevant indications for hepatitis A vaccine include injection drug use, men who have sex with men and persons with chronic liver disease including hepatitis C infection. Close contacts of persons with hepatitis A should receive immune globulin within two weeks of their last exposure. Please call 206-296-4774 for more information or to report a case. A fact sheet on hepatitis A is available on our website at <http://www.metrokc.gov/health/prevcont/hepa.htm>.

#### **HIV/AIDS Profile**

The HIV/AIDS Epidemiology Program has released a new "HIV/AIDS Epidemiology Profile for Community Planning" covering the epidemiology of HIV/AIDS, behavioral risks and surrogate indicators for HIV risk in Seattle-King County through 1997. The epidemiologic data provided in this profile are essential in planning effective HIV prevention and education programs that will reduce the spread of HIV. These data are also useful in planning social and health care services for persons with HIV infection and AIDS.

Between 6,000 and 9,000 King County residents are currently estimated to be infected with HIV. Over 3,300 (61%) of the 5,498 King County residents diagnosed with AIDS between 1982 and 1997 have died, although AIDS-related mortality has declined sharply in recent years. With more persons living with AIDS, there is a growing number of persons with HIV and AIDS in our community and an ever greater need for care and prevention services.

The geographic distribution of AIDS in King County varies widely. Between 1995 and 1997, the average annual rate of AIDS cases per 100,000 population was 46.3 for the city of Seattle compared to 7.9 for the rest of the county. Gay and bisexual men continue to be most heavily affected by HIV

infection and AIDS. Young gay men in their late teens and early twenties are at particularly high risk.

The proportion of AIDS cases in gay or bisexual men has decreased gradually over time while the proportion of cases in women and people of color has increased. Of particular concern is the sharp increase in STDs among men who have sex with men (MSM) noted over the past year. Similarly, rates of STDs have been increasing dramatically among women and persons of color over recent years. These trends suggest a possible increase in the transmission of HIV infection through unsafe sex practices.

African American, Hispanic and American Indian/Alaska Native residents are disproportionately affected by HIV/AIDS in our community as in much of the U.S. Between 1995 and 1997, the average annual rate of AIDS in King County African Americans, Hispanics and American Indian/Alaska Natives was 59.1, 50.6, and 47.9 per 100,000 respectively, compared to 21.5 in Whites and 5.0 in Asian/Pacific Islanders. Among women, this discrepancy was even greater: the rate of AIDS in African American women was 23.2 per 100,000 and 22.1 in American Indian/Alaska Native women, versus 1.9 in White women. This is a twelve-fold difference, up from a nine-fold difference noted in the 1996 edition of this report. It is expected that the disproportionate impact of HIV/AIDS on persons of color will continue, perhaps with a widening gap between people of color and Whites.

The full report is available by contacting Steve Hitchcock at 296-4645 or via e-mail at [Steve.Hitchcock@metrokc.gov](mailto:Steve.Hitchcock@metrokc.gov). The report can also be accessed on our website at <http://www.metrokc.gov/health/apu/stats/profile/toc.htm>.

Thanks to Susan Barkan Ph.D., PH-SKC HIV/AIDS Epidemiology Program for this report.

Survey Highlights

Public Health – Seattle & King County conducted the Young Men's Survey (YMS) between October, 1997 and October, 1998. The purpose of this multi-site study, funded by the Centers for Disease Control and Prevention, was to learn more about the prevalence of HIV, hepatitis, sexual and drug use behaviors, and psychosocial factors among young men who have sex with men (MSM) and to use these findings to evaluate and improve local prevention efforts.

YMS was an anonymous cross-sectional probability sampling survey that used a multi-stage sampling methodology to recruit young men at venues in the community that were frequented by young MSM. Participants were interviewed and received counseling for HIV and other STDs and had a blood sample drawn.

A total of 368 young MSM participated in the Seattle Area survey including 111 (30%) 15 to 18 year-olds and 257 (70%) 19 to 22 year-olds. Ninety-nine percent reported oral sex with another man, 80% reported anal sex with another man and 95% identified as gay or bisexual. The number of male sex partners was significantly higher among the older group with 72% reporting five or more in their lifetime and 28% reporting five or more in the past six months compared to 45% and 13%, respectively, among the younger men. Sixty-two percent said they had a steady male partner in the

past six months, but 64% also reported a non-steady partner during that time period. Over half reported sex with a female. Among those who reported anal sex with another man in the past six months, 43% said they always used a condom with any male partner.

Drug use was prevalent and many participants had tried a variety of drugs although fewer reported recent use. However, 62% reported using marijuana, 28% amphetamines/speed, 26% LSD/hallucinogens, and 20% ecstasy in the past six months. Thirteen percent reported ever injecting drugs, and 5% reported injecting in the past six months. Amphetamine, the most common injection drug used, was reported by 71% of respondents.

Thirty-six percent said they had completed the hepatitis B vaccination series and 10% recalled having had part of the series. The reasons for missing hepatitis B vaccination was lack of knowledge (45%), considered oneself to be at low risk (16%); only 8% cited expense as a reason. Seventy percent had previously been tested for HIV.

Two percent (1% in the younger age group and 7% in the older group) tested positive for antibodies to HIV. Five percent had markers of infection with hepatitis B (anti-HBc), 1% had markers of chronic infection (HBsAg), and 32% had markers of immunity (anti-HBs). Among those who were anti-HBs positive and anti-HBc negative, 73% reported completing the hepatitis B vaccination series and 13% reported a partial series.

Among those who reported a full vaccination series, 64% were anti-HBs positive and among those who reported partial vaccination 40% were anti-HBs positive. The majority of the discrepancy between reported vaccination history and anti-HBs status is most likely due to problems with correct recall. Eleven percent had seromarkers of past hepatitis A infection. Five respondents were positive for antibodies to hepatitis C and four of those reported injection drug use.

Although HIV prevalence was relatively low in our county compared to other YMS study sites, risky sexual behaviors and drug use were common. Clearly, education and prevention efforts focusing on safer sex practices, reduction of drug and alcohol use, and improvement of hepatitis B vaccination rates continue to remain important needs among young MSM in the Seattle Area .

Thanks to Hanne Thiede DVM, MPH, PH-SKC HIV/AIDS Epidemiology Program for this report.

<b>Report:</b>	<b>(area code 206)</b>
<b>AIDS</b> .....	<b>296-4645</b>
<b>Communicable Disease</b>	<b>296-4774</b>
<b>STDs</b> .....	<b>731-3954</b>
<b>Tuberculosis</b> .....	<b>731-4579</b>
<b>24-hr Report Line</b> .....	<b>296-4782</b>
<b>After hours</b> .....	<b>682-7321</b>
<b>Hotlines:</b>	
<b>CD Hotline</b> .....	<b>296-4949</b>
<b>HIV/STD Hotline</b>	<b>205-STDS</b>

<http://www.metrokc.gov/health/>

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1999				
	CASES REPORTED IN MAY		CASES REPORTED THROUGH MAY	
	1999	1998	1999	1998
VACCINE-PREVENTABLE DISEASES				
Mumps	0	0	1	0
Measles	0	0	1	0
Pertussis	12	5	362	74
Rubella	0	1	2	1
SEXUALLY TRANSMITTED DISEASES				
Syphilis	5	3	36	15
Gonorrhea	69	77	396	420
Chlamydial infections	271	280	1564	1404
Herpes, genital	56	66	271	306
Pelvic Inflammatory Disease	21	20	111	96
Syphilis, late	5	3	17	12
ENTERIC DISEASES				
Giardiasis	11	22	73	82
Salmonellosis	17	18	70	55
Shigellosis	3	8	20	35
Campylobacteriosis	25	21	91	83
E.coli O157:H7	3	3	12	4
HEPATITIS				
Hepatitis A	11	37	40	269
Hepatitis B	2	3	10	27
Hepatitis C/non-A, non-B	0	0	0	1
AIDS	13	15	82	121
TUBERCULOSIS	7	6	42	45
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	0	1	0	1
Meningococcal disease	0	2	9	10